

Enclosure Text

MAILROOM DATE: 07/28/2006

NAME/NUMBER: 10587903

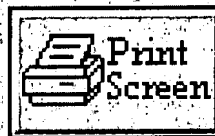
AMOUNT REFUNDED: 50.00

OVERPAYMENT FOR A SERVICE

FOR QUESTIONS RELATING TO REFUND, CONTACT

CHARITTA BURT - 703-308-9140 X 207

04/19/2007



41907¹⁰

☒ completed

Check Refund



Refund Status Window Help



Refunded Payment

Payment from check no.: 000673

Bank Routing Code: 12310002

Acct No.: XXXX117

Check Refund

Number:

Hold Date:

04/19/2007

Amount:

50.00

Treas Check No:

Refund Cat:

NONGOVNMNT

Status: INPROCSS

Fee Cd:

Name/Number:

10587903

Issue Method

☐ Electronic

☒ Paper

PCT Code

☐ WIPO

☐ EPO

☐ None

Mailing Address

Payee Name: NORMAN M. COMERON

Attention:

Street:

1401-1166 ALBERNI STREET

City:

VANCOUVERM, BC

Province:

State:

Country: CA

Postal Code:

V6E 3Z3

Tax Identification No:

CBURT1

04/19/2007